



## Regulatory Licensing Unit

### EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Initial Application

For DSHS Use Only

**ZZ100-160**

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

See attached Privacy Notice. All information given on application is considered public record, with exception of social security number\* and driver license number.

On-line electronic application submission for initial applications will be available December 31, 2004, at: [www.texas.gov](http://www.texas.gov).

**APPLICATION SUBMISSION:** Submit completed application with documents (if directed) and fee, if not exempt, to Texas Department of State Health Services, ATTN: ZZ100-160 EMS, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3199. Application processing takes approximately 3 weeks. You can check your application status on our web site at: [http://160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm)

**TESTING INSTRUCTIONS:** IF you are required to pass the written exam, you are responsible for scheduling your exam seat assignment. You will not be allowed to schedule your exam until application and course certificate processing has been completed. Check your application status on-line at: [http://160.42.108.3/ems\\_web/blh\\_html\\_page1.htm](http://160.42.108.3/ems_web/blh_html_page1.htm) When your eligibility status reads "Eligible for Testing", schedule your exam appointment through our web site: [www.dshs.state.tx.us/ems](http://www.dshs.state.tx.us/ems), click on "Schedule an Exam".

### Section A- All Applicants Complete This Section

Print Last Name	First Name	Middle Name	SS** or Texas EMS ID #
Mailing Address: Street, Apt Number or PO Box			
City		State	Zip
( )	( )	( )	( )
Home Phone (area code)	Business Phone (area code)	Date of Birth (MM/DD/YY)	Driver License Number (include state)
Current level of active EMS certification/licensure: <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP			
EMS certification is not required for EMS Information Operator Instructor certification or recertification.			
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier to prevent confusion among applicants with similar or same name.			

### Section B: Initial EMS Instructor

1. Must hold at least Texas EMT basic certification.
2. Have you achieved a high school diploma or GED? <input type="checkbox"/> Yes or <input type="checkbox"/> No Texas Education Agency accredited public or private school or out-of-state equivalent is required.
3. Attach DSHS-approved instructor course completion certificate. If you completed a Methods of Teaching or similar non-EMS course, you must attach proof of completing a skills orientation session by a DSHS-approved EMS coordinator.
4. Pass EMS instructor exam. All requirements MUST be completed within one-year of course completion date.

### Section C: Initial EMS Information Operator Instructor

1. Have you achieved a high school diploma or GED? <input type="checkbox"/> Yes or <input type="checkbox"/> No Texas Education Agency accredited public or private school or out-of-state equivalent is required.
2. Attach copy of current EMS Information Operator (dispatch) card.
3. List the sponsoring agency or organization with which you are affiliated: _____
4. Attach copy of DSHS-approved EMS Information Operator Instructor course certification or hold current EMS Instructor certification.
5. Pass EMS Information Operator Instructor written exam.
<b>GRANDFATHER CLAUSE:</b> Persons with current EMS Information Operator Instructor certification from a department-approved training program, attach a copy of current EMS Information Operator Instructor certification. Disregard 1-5 above.

## Section D-1: Basic Level, Initial Coordinator

- ## Section D-2: Advanced Level, Initial Coordinator

- ### Section E: All Applicants Complete This Section

☐ **Coordinator**      ☐ **EMS Instructor**      ☐ **EMS Information Operator Instructor**

**Volunteer instructors, list name of DSHS-approved program(s) with which you are affiliated:**

## Section F: All Applicants Complete This Section

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

**Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to: Texas Dept. of State Health Services, Attn: ZZ100-008 EMS, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3199. Or for faster magazine service, mail subscription form with magazine check separately to: DSHS-EMS, PO Box 149200, Austin, TX 78714-9200.**

**For DSHS Use Only  
ZZ100-008**

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

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